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A clinical study of Kumkumadi Tailam Nasya in Yuvan Pidaka w.s.r. to Acne Vulgaris

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ABSTRACT

Yuvan Pidaka is a common skin disease which generally occurs during adolescence. Acharya Sushruta described Yauvan Pidika, under the heading of Kshudrarogas.^[1] It occurs due to vitiation of Kapha-Vata Dosha and Rakta Dhātu,^[2] producing Shalmalika-Kantaka Sadrusha Pidakas over face. Swabhava^[3] (natural status) has also been considered as one of the causative factors. Though the Tarunya-Avastha (adolescent period) is the age for Shukra Pradurbhava (manifestation of Shukra Dhātu) and Sharangadhara has mentioned Vaktre Snigdghata (unctuousness on face) and Pidika (boil) formation on face as Mala (waste product) of Shukra Dhātu.^[4] It is correlated with Acne vulgaris^[5] a chronic inflammatory disease of Pilosebaceous Unit. Imbalanced hormonal levels also play a key role in Acne vulgaris. According to Acharyas nasal cavity is a door to provide medicinal drugs to the brain, so Nasya drugs act on brain through cavernous sinus. Observing the Sthana-Samshraya and Vyaktasthana of the disease as mentioned by Acharya Sushruta,^[6] an erudite physician always treat patients with wounds in places above clavicular region, showing pain and vitiation by Kapha and Vata, selecting Nasya line of treatment. Kumkumadi Tailam has properties which alleviate vitiated Vata-Kapha and acts as Rakta Prasadhak, hence Kanti Vardhak. According to Acharya Sarangadhar,^[7] Uttarkhanda 8th chapter in Marsha Nasya Taila is Srestha as Sira is Adhistan of Kapha, and also stated that Marsha Nasya Taila can be applied in Kapha or Kapha-Vata related Vikaras with Oushad Dravyas.

Key words: Yauvan Pidika, Kumkumadi Tailam, Marsha Nasya, Acne Vulgaris

INTRODUCTION

The skin is often referred to as the largest body organ and serves as the main protective barrier against damage to internal tissues from trauma, ultraviolet light, temperature, toxins and bacteria. Changes in the skin colour may indicate homeostatic imbalance in the

body. Everyone wants to look his/her face beautiful, clean and attractive.

Acne is a disorder of the pilosebaceous apparatus characterized by comedones, papules, pustules, cysts and scars. Maharshi Charaka said that, 'the skin is one of the important sense organs in all of five-sense organ'. Acne^[8] is a chronic inflammatory disease of pilosebaceous units, characterized by the development of comedones in forms of papules, pustules and less commonly nodules. There are three important factors involved in the pathogenesis of Acne; they are : 1) increased sebum production 2) hyper-keratinization of pilosebaceous ducts 3) Bacterial colonization of the follicle and 4) inflammation.

It could not be incorrect to say that in most cases, the face is the index of the mind and the mirror of the body. This most important and beautiful organ, which is affected by certain anomalies of the adolescent age i.e., 16-30 years. In Present era due to changing life

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style, changing food habits, increasing pollution & stress factor skin diseases are a very common. Now a day *Yauvan-Pidika* (Acne) has become a biggest problem of the society, because it affects 85% of teenagers. *Yauvan-pidika* is one of *Kshudrarogas*^[9] which mainly affects the skin of face. It occurs due to imbalance of *Kapha*, *Vata*, and *Pitta Doshas* and *Dushya Rakta*.

In Ayurveda texts there is a group of diseases called *Kshudra Roga*, which include 44 diseases. *Mukhadushika* is a disease that occurs as papules resembling the sprout on the bark of the *Shalmali* tree (*Bombax malabaricum*) appearing on the face and adolescents caused by vitiated *Kapha*, *Vata Dosh* and *Rakta Dhatu* together which makes the face ugly and also known as *Yuvan-Pidika*. As it common in *Yuvan Kala* so known as *Yuvan Pidaka*. *Yuvan-Pidika* is well explained in Ayurvedic Samhita.

According to Acharya Sushruta, the skin diseases which is mentioned under *Kshudra Roga* occur due to vitiation of *Kapha Dosh*, *Vata Dosh* and *Rakta Dhatu* and producing *Shalmalika-Kantaka-Sadrusha Pidakas* over face. The disease *Yauvana Pidika* occurs due to vitiation of *Kapha*, *Vata* and *Rakta*. *Swabhava* (natural status) has also been considered as one of the causative factors. Though the *Tarunya Avastha* (adolescent period) is the age for *Shukra Pradurbhava* (manifestation of *Shukra Dhatu*) and Sharangadhara has mentioned *Vaktre Snigdghata* (unctuousness on face) and *Pidika* (boil) formation on face as *Mala* (waste product) of *Shukra Dhatu*. Hence, it is a need of hour to take over a study on such a disease, which is affecting most of the adolescents in their personality development period and as it has been redefined towards as chronic disease instead of simple and self-limiting disease.

Here in this study, *Nasya Karma* has been taken even though other line of treatment like *Vaman* and *Rakhtamokshan* has been mentioned. There are many researches carried out in different institutions on *Mukhadushika* or as, where *Vaman* and *Rakta Mokshan* as line of treatment were adopted and got satisfactory results. Observing the *Sthana Samshraya*

and *Vyakta Sthana* of the disease as said by Acharya Sushruta (in *Chikitsa Sthan* 1st chapter), an erudite physician always treat patients with wounds in places above clavicular region, showing pain and vitiation by *Kapha* and *Vata*, selecting *Nasya* line of treatment.

Kumkumadi Tailam^[10] has properties which alleviate vitiated *Vata-Kapha-Pitta* and acts as *Rakta Prasadhak*, hence *Kanti Vardhak*. *Marsha Nasya* used for rapid action. As according to Acharyas, *Marsha Nasya*^[11] is a kind of *Snaihik* or *Brimhan Nasya*, so it helps in *Dhatu Kshaya* and *Dosh Kshaya*, i.e., declaring rejuvenating property, so, *Tvak*, *Skhandha*, *Griva*, *Mukha Mandal* and *Vaskhasah* will be *Ghana*, *Uttam* and *Prasanna*, making all *Indriya* to work properly. The *Tailam* used is *Tila*, as a base, whose *Karma* is *Vatahara*, *Tvacya*, *Balya*, *Keshya*, *Sukrala*. According to Acharya Sarangadhar, *Uttarkhanda* 8th chapter in *Marsha Nasya Taila* is *Srestha* as *Sira* is *Adisthan* of *Kapha*, and also stated that *Marsha Nasya Taila* can be applied in *Kapha* or *Kapha-Vata* related *Vikaras* with *Oushad Dravyas*.

AIM AND OBJECTIVES

To evaluate the effect of *Kumkumadi Tailam Marsha Nasya* in *Yauvana Pidaka*.

MATERIALS AND METHODS

Research design

All 30 patients were selected by simple randomized methods for a single study within a single group with *Kumkumadi Tailam Marsha Nasya* in *Hina Matra* (as stated by Acharya Vagbhata and Acharya Sharangadhar) 6 drops in each nostrils for 7 days. Before starting the treatment thorough counselling of patient and brief explanation regarding the procedure of *Nasya Karma* was done and consent was taken.

Dose of Nasya

As there is no specific doses mention in classical regarding *Kumkumadi Tailam Nasya*,^[12] so the doses to be introduced as per generalised rules of *Marsha Nasya*, where total 6 drops to be given, as *Hina Matra* of conventional *Nasya* therapy, depending on *Roga Bala* and *Rogi Bala* in each nostril.

Duration of Nasya

For 7 days consecutively

Nasya Karma (Shodhana Therapy)

S N	Procedure	Usage of drugs	Dose	Duration
1.	Poorva Karma			
	<i>Sthanika Abhyanga</i>	<i>Kumkumadi Tailam</i>	Q.S.	Conventional way to be followed as per classical references.
	<i>Mridu Nadisweda</i>	<i>Nadi Swedana</i>		Till <i>Samyak Sweda Lakshana</i> appears
2.	Pradhana Karma	After <i>Swedan</i> the sweat is to be pat gently with soft towel and after 5 min. <i>Marsha Nasya</i> will be scheduled with <i>Kumkumadi Tailam</i> .	6 drops depend ing on <i>Rogibala</i> and <i>Rogabala</i> , age etc.	For 7 days between 7 a.m. to 8 a.m. i.e., <i>Pratyah Kala</i> and <i>Lakshanas</i> would be observed and recorded (conventional way to be followed as per classical references).
3.	Paschat Karma	<i>Dhumapan</i> with <i>Haridra Varti</i> for 3 times. <i>Kavala</i> and <i>Gandusha</i> was performed.	Q.S.	Till <i>Samyak Lakshanas</i> appear.

Sample size

A minimum of 30 patients were taken for study.

Inclusion criteria

The cases are selected as per the features mentioned in classics.

- Patients with-

- *Shalmalikantaka Drusha Pidakas*
- *Ruja*
- *Ghana Pidakas*
- *Medogarbha Pidakas*
- *Avastha–Kapha Pradhan Lakshan Grasta Yuvānapiḍakā* patients.
- Age - More than 16 years and less than 50 years.
- Sex - No discrimination.
- Race - No Barrier.
- Religion - No Barrier.
- Economic status - No Barrier.
- Patients of acne with comedones, papules, pustules.

Exclusion criteria

1. Patients with other systemic disorders like thyroid dysfunction.
2. Patient is not less than the age of 16 years and not more than 50 years.
3. Patient's acne having inflammatory cysts and nodules.
4. Patients with other skin disorders like Rosacea, Acne fulminans, Acneiform eruptions.
5. In pregnant women and lactating mothers.
6. *Vata Pradhan Lakshan Grasta Yuvāna-Piḍakā* patients.
7. Occupation induced Acne
8. Patients having Hormonal imbalance like PCOD.
9. Patients which are contraindicated for *Nasya Karma*.

Criteria For withdrawal

1. Discontinuation of treatment during trial.
2. Development of any complication at any point of time when treatment is continuing period of study.

Diagnostic criteria

- a) *Shalmali Kantakakara Pidika* - The eruption on face which looks like conical shape resembles with *Shalmali Kanta*.

- b) *Saruja* - The eruptions are painful. The severity may vary from mild to severe.
- c) *Ghana* - The word *Ghana* means solid, hard or indurated. The eruptions hard and thick. The *Pidika* is due to vitiated *Kapha*.
- d) *Medogarbha* - The eruption is expelled with the *Meda*. It occurs due to obstruction of the *Medo Granthi*.
- e) *Yuna Mukhe* - This disease usually affects in adults. This word shows the site of origin of *Pidika* and time of occurrence of the disease i.e., disease occurs in young adults and affects the face.

Associated Symptoms

- 1) *Vedana* - due to *Vata*
- 2) *Kandu* - due to *Kapha*
- 3) *Daha* - due to *Pitta*
- 4) *Srava* - due to *Kapha*

Study duration

Nasya - 7 days
 Follow up - 14days
 Total duration - 21days

Criteria for assessment of results

Assessment of results

The Subjective and Objective parameters of baseline data to post medication data compared for assessment of the final results. All the results are analyzed statistically for significant unpaired test.

Subjective parameter

Signs and Symptoms of *Yuvan Pidaka* are considered as:

- 1. *Shalmali Kantaka Drusha Pidaksa,*
- 2. *Ruja,*
- 3. *Ghana Pidakas,*
- 4. *Medogarbha Pidakas*

Objective parameter: IGA Scale is selected.

IGA Scale (Investigators Global Assessment scale) as follow:

0	Clear residual hyper pigmentation and erythema may be seen.
1	Almost clear, a few scattered comedones and a few small papules.
2	Mild easily recognizable less than half the face is involved. Some comedones and some papules and pustules.
3	Moderate more than half the face is involved. Many comedones, papules and pustules.
4	Moderate more than half the face is involved. Many comedones, papules and pustules.

Investigation

Investigations are carried out on the patients to rule out other systemic disorders as an optional. The following investigations has been indicated :

Blood tests may be performed to monitor safety of treatment:

- 1. Complete Heamogram
- 2. Liver function tests
- 3. Fasting lipids (cholesterol and triglyceride)

Imaging - A pelvic ultrasound scan is usually very good at excluding ovarian cysts and tumor on the ovaries and adrenal gland.

OBSERVATIONS AND RESULTS

Distribution of Study Sample by Demographical Data.

Table 1: Distribution of patients by Sex

Sex	No. of Patients	% of Patients
Male	9	30%
Female	21	70%

Table 2: Distribution of patients by Age group

Age Group (Yrs)	No. of Patients	% of Patients
16 to 20	13	43.3%
21 to 24	15	45%
25to 30	1	3.3%

30 & above	1	3.3%
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Table 3: Distribution of Patients by Marital Status

Marital Status	No. of Patients	% of Patients
Married	2	6.66%
Unmarried	28	93.33%

Table 4: Distribution of Patients by Occupation

Occupational Status	No. of Patients	% of Patients
Labour	0	0%
Student	25	83.33%
Executive	1	3.33%
sedentary	4	13.33%

Overall Response for Size of Pidakas

Size	No. of Patients	% of Patients
Good	16	53.3%
Moderate	9	30%
Poor	5	16.66%

Overall response for Ghanapidakas

Parameter	No. of Patients	% of Patients
Not having Ghana Pidaka	10	33.33%
Good	9	63.33%
Moderate	1	3.33%
Poor	0	0%

Parameter of Medogarbha Pidakas

Parameter	No.	Mean	Std. Deviation	Std. Error Mean
Medogarbha Pidakas BT	30	0.933	1.0328	0.2667

Medogarbha Pidakas AT	30	0.467	0.5164	0.1333
Medogarbha Pidakas AF	30	0.067	0.2582	0.0667

Overall response of Ruja

Ruja	No. of Patients	% of Patients
No Ruja BT	15	50%
Good	15	50%
Moderate	0	0%
Poor	0	0%

Parameter of IGA Scale

Parameter	No.	Mean	Std deviation	Std. Error Mean
IGA Scale BT	30	1.933	0.5936	0.1533
IGA Scale AT	30	1.667	0.8997	0.2323
IGA Scale AF	30	1.67	0.9	0.232

Interpretation

From the above tables, it can be interpreted as Nasya is significant in BT, AT and AF.

Overall response of IGA Scale

IGA Scale	No. of Patients	% of Patients
Good	16	53.33%
Moderate	14	46.66%
Poor	0	0%

Out of 30 patients, 16 patients (53.33%) showed Good response. 14 patients (46.66%) showed Moderate response.

Statistical Analysis - Paired t Test

- In the Parameter Size of Pidakas, results obtained by Nasya Differ highly in BT and AT but are not significant after AF.

2. In the parameter *Ganapidaka*, results of *Nasya* differ significantly in BT, AT but they are not significant AF.
3. In the parameter *Medogarbha*, *Nasya* differs highly in BT and AT but not significant AF.
4. In the parameter *Ruja*, the treatment is not significant in BT-AT and BT-AF.
5. In the parameter IGA-Scale, *Nasya* is significant in AF (as $P < 0.05$).

DISCUSSION

Total 30 patients were registered for the study and the observation done on those patients as follows:

Sex: In the study, 9 patients (30%) are male and 21 patients (70%) are female. This shows that the incidence rate of disease is more in females than males which may be due to more and early hormonal changes seen in females than in males.

Age: In the study, there are 15 patients (50%) in age group 21-24, 13 patients (43%) in age group 16-20, 1 patient (3%) in age group 25-30, 1 patient (3%) in age group 30 and above. The incidence rate of disease is more between the age group of 16-24 (93%) which may be due to their adolescence, personality development period and stress & strain.

Marital status: In the study 2 patients (7%) were married and 28 patients (93%) were unmarried. The incidence rate of disease is more in unmarried group.

Occupation: In the study 25 patients (83%) were students, 1 patient (3%) was executive and 4 patients (13%) were sedentary. The incidence of rate of disease is seen more in students which may be due to adolescence stage, more worried about their outlook, use of more cosmetics which are comedogenic, exposure to sunlight during travel and other activity which will block the pilosebaceous ducts, increases the sebum production and produce acne.

Religion: In the study, 22 patients (73%) were Hindu and 8 patients (23%) were Muslim.

Economic status: In the study, 12 patients (40%) were belonging to lower middle class, 16 patients (53%)

were belonging to upper middle class and 2 patients (7%) were belonging to rich class. The incidence of rate of disease is more in upper and lower middle class group which may be due to better standard of living, wrong eating habits and increased buying power of cosmetics.

Food habits: In the study, 16 patients (53%) were mixed type, 14 patients (47%) were vegetarian and. Most of them were consuming spicy, *Katu*, *Kashaya Rasa Pradhana Ahara*, junk foods which vitiate *Rakta*.

Chronicity: In the study, 11 patients (37%) were diagnosed as moderate, 10 patients (33%) were diagnosed as mild, and 9 patients (7%) were diagnosed as severe. The maximum time duration of the disease was about 2 years in the study.

Lesion on affected area: In the study, 27 patients (90%) were having localized lesions and 3 patients (10%) were having generalized. Acne is majorly seen on face as the distribution of sebaceous glands is more on face. As face is the most exposed part of the body, it can easily get afflicted by dust, air, sunlight which further blocks the sebaceous ducts and produces the lesion. So, it can be called as *Mukha dooshika* that does the *dushana* of *Mukha*.

Color of the *Pidakas*: In the study, 10 patients (33%) were seen with blackish *Pidakas*, 19 patients (63%) were with reddish *Pidakas* and 1 patient (4%) was seen with white *Pidakas*. This may be because of *Raktha Dhātu* involved in the manifestation of disease. The change in the color of *Pidakas* may also be because of change in the color of skin of the patient.

Size of *Pidakas*: In the study, 16 patients (53%) were having the *Pidakas* between the size 3-4mm, 12 patients (40%) were having the *Pidakas* of size between 1-2mm, and 2 patients (7%) were having the *Pidakas* between the size 5-6mm. The size of *Pidakas* would vary due to infection, unhygienic maintenance of the skin, squeezing of skin lesion which may aggravate the condition.

Distribution of *Pidakas*: In the study 29 patients (97%) were having *Pidakas* on face, 3 patients (10%) were having distribution of *Pidakas* on upper back, and 1

patient (3%) was having *Pidakas* on chest. some of patients were having *Pidakas* on face and upper back. But most of them were having *Pidakas* on face.

Kostha: In the study, 4 patients (13%) were having *Krura Kosta*, 14 patients (47%) were having *Mrudu Kosta*, 12 patients (40%) were having *Madhyama Kosta*.

Agni: In the study, 1 patient (3%) had *Samagni*, 16 patients (53%) had *Mandagni*, 9 patients (30%) had *Tikshagni*, 4 patients (13%) had *Vishmagni*. In the study role of state of *Agni* is insufficient and moreover there is no direct reference regarding mentioning of *Mukhadooshika* as *Amaja Vikara*.

Viharaja Hetu: In the study, 19 patients (63%) were having sunlight as *Viharaj Hetu*, 8 patients (27%) were having cosmetic as *Hetu* and 3 patients (10%) were having oral contraceptive as *Hetu*. Here it is may be observed that sunlight is the main cause of *Yuvan-Pidaka*, which produces sebum in pilosebaceous ducts, blocks the duct and produce open or closed comedones.

Ahara: In the study most of the people were consuming spicy, *Katu*, *Tiktha*, *Kashaya Rasa Pradhana Ahara* and *Abhishyadhi Ahara*. So, it may lead to *Vata-Kapha Dosha* vitiation.

Hypothesis

Mukhadooshika is *Kapha Vata Pradhana* with *Raktha* as *Dushya* according to *Sushruta Acharya* and *Meda* as *Dushya* according to *Vagbhata Acharya*. Because of this *Kapha Vriddi* the pilosebaceous duct gets obstructed and leads to the formation of comedones, papules, pustules. The ingredient of *Kumkumadi Tailam* has the properties of *Kapha-Vatahara* and also *Varnya* properties. Hence by administering these drugs in the form of *Nasya*, it will clear the ducts and also does the *Varna Prasadana*. And other reason for *Mukhadooshika* is infection by bacteria propioni bacterium acnes. The drugs in this *Taila* are also having anti-inflammatory effect, thus help in treating *Mukhadooshika*.

Effect of therapy on subjective parameters

1. **Shape of the *Pidakas*:** It mainly refers to the shape of *Pidakas*, which are conical in shape wider at the

base and sharp at the tip similar to that of the thorn of *Shalmali* tree. In the study all patients presented with *Pidakas* having vesicular, circumscribed and pebbly white *Pidakas*. Among them most of the patients were having vesicular shape of *Pidakas*. In the study it was observed that *Nasya* has significant result in the parameter Vesicular it may be because of the ingredients having *Tikshna* effect may have impacted the shape of *Pidakas*

2. **Size of *Pidakas*:** In the parameter Size of *Pidakas*, *Nasya* is highly significant after treatment but there is no change after follow-up.
3. ***Ghana Pidaka*:** is mainly the texture of the *Pidakas*. Most of the patients were having *Ghanata* and it is mainly because of *Kapha Dosha* and *Medo Dhatu* involvement. The *Ghanata* of *Pidakas* are may be because of blockage of the ducts, so that the fluid gets collected into the duct. In the parameter *Ghanapidakas*, *Nasya* is highly significant after.
4. ***Medogarbha Pidakas*:** The *Pidakas* are impregnated with *Medas*. In the study most of the patients were having *Medata*. In the Parameter *Medogarbha Pidakas*, *Nasya* is highly significant after treatment but there is no change after follow-up.
5. ***Ruja*:** Mainly *Vata* is responsible for pain. In *Mukhadooshika*, there will be association of *Vata* and *Kapha*. In the study many patients complained of pain. Some of the patients complained pain on touch. In the parameter *Ruja*, *Nasya* is not significant before treatment, after treatment and after follow up.

Effect of therapy on objective parameters

In the study IGA scale was selected for the assessment of result before treatment, after treatment and after follow up. The mean effect of 30 patients 1.933 which was reduced to 1.667 and after follow up it was reduced to 1.18. Thus, reduction of mean effect in IGA scale shows it is significant after follow up. In the parameter IGA Scale, treatment is significant ($P < 0.005$) before treatment, after treatment and after follow up.

Effect of therapy on subjective parameters

Among the Subjective parameters, Size of *Pidakas*, *Ghanata* of *Pidakas*, *Medata* of *Pidakas* showed highly significant results at $P < 0.05$ level, and in Subjective parameters like Shape of *Pidakas* (vesicular), showed significant result, And in the parameter *Ruja*, significant results after treatment.

Effect of therapy

In the study, *Sthanika Abhyanga* was done with *Kumkumadi Taila*, which is *Varna Prasadkara*, *Kustagna*. And *Swedana* was done by advising the patient to take steam after boiling the water. In the study after *Abhyanga* and *Sweda* many patients felt relaxed, *Nirmalat* in *Drusti*, the complexion and smoothness of skin was increased.

Observation on Nasya Karma

Urolaghava

In the study 9 patients (30%) got *Urolaghava Lakshana* in 1-2 days, 15 patients (50%) attained *Urolaghava Lakshana* in 3-4 days, 25 patients (83%) attained *Urolaghava Lakshana* in 5-6 days and 30 patients (100%) attained *Samyak Lakshana* in 7-8 days. Patients did not attained *Samyak Lakshanas* in 1-2 days may be because of more vitiated *Doshas*.

Shirolaghava

In the study 9 patients (30%) got *Shirolaghava Lakshana* in 1-2 days, 14 patients (47%) attained *Shirolaghava Lakshana* in 3-4 days, 24 patients (80%) attained *Shirolaghava Lakshana* in 5-6 days and 29 patients (97%) attained *Samyak Lakshana* in 7-8 days. Some of the patients complained of *Shirashoola* at 3-4 days may be because of *Apathya* follow up by the patient.

Indriya Swachata

In the study, no patient attained *Indriya Swachata Lakshana* in 1-2 days, 4 patients (13%) attained *Samyak Lakshana* in 3-4 days, 18 patients (60%) attained *Samyak Lakshana* in 5-6 days and 29 patients (97%) attained *Samyak Lakshana* in 7-8 days. 1 patient in the study complained of burning sensation of eyes after the whole procedure, it may be because of *Dhumapana*. 1

patient complained of itching after *Nasya*, it may be because of *Matra* of *Nasya Dravya*, so it was reduced in that patient.

Srotovishuddi

In the study no patient attained *Sroto Vishuddi Lakshana* in 1-2 or 3-4 days. 12 (40%) patients attained *Samyak Lakshana* in 5-6 days and 30 patients (100%) attained *Samyak Lakshana* in 7-8 days. Overall it was observed that after *Sthanika Abhyanga* and *Sweda*, there was increase in the complexion of skin, the skin became soft and smooth. Patients felt relaxed and cooling effect on eyes. After *Nasya* procedure, it was observed that most of the patient felt *Kashaya Rasa* in the throat and it made them to expel out the *Doshas*. Hence the nature and *Rasa* of the *Dravyas* involved in the *Yoga* plays an important role. And in *Paschat Karma*, after *Kavala* and *Dhoomapana*, patients felt lightness in *Uras* and *Shiras*.

Overall effect of treatment in 30 patients

Out of 30 patients, 16 patients (53.33%) showed Good response. 14 patients (46.66%) showed Moderate response.

CONCLUSION

Based on the Conceptual study, Clinical observations and Discussion the following conclusions may be drawn. The incidence rate of disease is more in the age group of 16-24 years (93%) hence it can be called as *Yavanapidaka*. The disease is named after the site of illness i.e., *Mukha* is mainly the affected part of the disease, so it is called as *Mukhadooshika*. In this disease patients have greater impairment in mental health and associated with psychological disturbances like embracement, anxiety. In the study many of the patients had *Manasika Lakshanas* like *Krodha*, *Ayasa*, *Shoka*, which aggravates *Vata Dosh*. In the study, sunlight is the main cause for *Mukhadooshika*. In the study, subjects showed significant result in the Subjective parameters - Shape of *Pidakas* and *Ruja*. All the patients ended with *Samyak Nasya Lakshanas*. There is significant reduction in Size, *Ghanata*, *Medata* of *Pidakas*. There is significant reduction in *Ruja*.

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